

## Consent Policy Design Group

### Overview of CMS Notice of Proposed Rulemaking on Interoperability and Patient Access

<p><b>What is it?</b></p>	<p>On February 11, 2019, the Center for Medicare and Medicaid Services issued a Notice of Proposed Rulemaking on improving interoperability of electronic health records and patient access to their data. The comment period for this rule ends on May 3, 2019.</p> <p>In addition to the NPRM, CMS also issued two related requests for information (RFIs) on improving patient matching and approaches to interoperability in long-term, post-acute, mental health, and other ancillary care settings.</p>
<p><b>What are the highlights?</b></p>	<ul style="list-style-type: none"> <li>• <b>Patient access to data through Application Programming Interfaces (APIs):</b> CMS is proposing to require Medicare Advantage (MA) organizations, state Medicaid and CHIP FFS programs, Medicaid managed care plans, CHIP managed care entities, and QHP issuers in FFEs to implement, test, and monitor an openly-published Health Level Seven (HL7<sup>®</sup>) Fast Healthcare Interoperability Resources (FHIR<sup>®</sup>)-based APIs to make patient claims and other health information available to patients through third-party applications and developers.</li> <li>• <b>Health information exchange and care coordination across payers:</b> CMS is proposing to require MA organizations, Medicaid managed care plans, CHIP managed care entities, and QHP issuers in the FFEs to support electronic exchange of data for transitions of care as patients move between these plan types.</li> <li>• <b>API access to published provider directory data:</b> CMS is proposing to require MA organizations, state Medicaid and CHIP FFS programs, Medicaid managed care plans, and CHIP managed care entities to make their provider networks available to enrollees and prospective enrollees through API technology.</li> <li>• <b>Care coordination through trusted exchange networks:</b> CMS is proposing that payers in CMS programs be able to participate in a trusted exchange network which would allow them to join any health information network they choose and be able to participate in nationwide exchange of data. This would enable the information to flow securely and privately between plans and providers throughout the healthcare system. They propose requiring MA organizations (including MA-PD plans), Medicaid managed care plans, CHIP managed care entities, and QHP issuers in the FFEs to participate in trust networks to improve interoperability.</li> <li>• <b>Improving the Dual Eligible experience by increasing frequency of federal-state data exchanges.</b></li> <li>• <b>Public reporting and prevention of information blocking.</b></li> <li>• <b>Provider digital contact information:</b> The 21st Century Cures Act required the Secretary to create a provider digital contact information index, and as of June 2018, the National Plan and Provider Enumeration System (NPPES) has been updated to include one or more pieces of digital contact information that can be used to facilitate secure sharing of health information. CMS is proposing to publicly report the names and National</li> </ul>

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	<p>Provider Identifiers (NPIs) of those providers who have not added digital contact information to their entries in the NPPES system beginning in the second half of 2020.</p> <ul style="list-style-type: none"> <li>• <b>Revisions to Conditions of Participation for Hospitals and Critical Access Hospitals:</b> CMS is proposing making it a requirement for participation in Medicare to send admission-discharge-transfer notifications.</li> <li>• <b>Advancing interoperability in innovative models:</b> CMS is proposing to test new and innovative models for leveraging technology to engage patients and providers through the Center for Medicare and Medicaid Innovation (CMMI)</li> <li>• In addition to the NPRM, CMS has also issued two requests for information (RFIs) related to: <ul style="list-style-type: none"> <li>○ <b>Patient matching:</b> CMS is asking how they can leverage their authority to improve the ways in which we match patients to their electronic data across the spectrum of care.</li> <li>○ <b>Promoting interoperability in long-term and post-acute care:</b> CMS is requesting input on how CMS can promote wide adoption of interoperable health IT systems for use across healthcare settings such as long-term and post-acute care, behavioral health, and settings serving individuals who are dually eligible for Medicare and Medicaid and/or receiving home and community-based services.</li> </ul> </li> </ul>
<p><b>Where can I read more?</b></p>	<p>Regulations.gov docket for the RFI and comments received:  <a href="https://www.regulations.gov/docket?D=HHS-OCR-2018-0028">https://www.regulations.gov/docket?D=HHS-OCR-2018-0028</a></p> <p>And since you got all the way through this and are still reading, a look back at “HITECH: An Interoperetta in Three Acts,” which will be 10 years old on May 12, 2019. Here’s four minutes of acronomical fun:  <a href="https://youtu.be/Gv1s8fM3mMk">https://youtu.be/Gv1s8fM3mMk</a></p>